

LAC or LAMFT SUPERVISION AGREEMENT

I. TO BE COMPLETED BY SUPERVISOR

I _____ agree to provide supervision of the type stated below for the total of _____ months. I understand that supervision will be provided at the required ratio as stated in a, b, or c of number one below. I also agree to evaluate the performance of the supervisee on the supervision evaluation form provided by the Board.

I have administrative decision making power over the supervisee (____yes ____no). If yes, attach a detailed statement of existing provisions to protect both the supervisor and the supervisee from any potential adverse effects of the appearance of a dual relationship for Board approval.

II. TO BE COMPLETED BY THE SUPERVISEE

I _____ agree to present myself for supervision to the above-named supervisor in agreement with the ratio approved by the Board and format arranged with the supervisor. I understand that to complete supervision:

1. The supervision hours must be:
 - a. Phase I: 1000 hours at the ratio of 1:10 (1 hour of supervision for each 10 client contact hours- Minimum of 100 hours of supervision)
 - b. Phase II: 1000 hours at the ratio of 1:20 (1 hour of supervision for each 20 client contact hours- Minimum of 50 hours of supervision)
 - c. Phase III: 1000 hours at the ratio of 1:40 (1 hour of supervision for each 40 client contact hours-Minimum of 25 hours of supervision)
2. A supervision agreement must be approved by the Board, prior to any actual performance of counseling on my part.
3. A supervision evaluation and CCH report must be submitted to the Board every **six calendar months** after license issue date.
4. A current, Board-approved supervision agreement must be on file at **all** times and is a condition of the LAC or LAMFT license until the LPC or the LMFT license is received. **A new supervision agreement must be submitted prior to the expiration date of this supervision agreement, or prior to a change of supervisors.**
5. I understand that no more than fifty percent (50%) of the supervision time may be conducted in a group format. Fifty percent (50%) must be individual (face-to-face) supervision.
6. I understand, that no more than 200 of the supervised hours may be indirect service in Phase I and 300 in Phases II and III.
7. I understand, as LAC that no more than 50% of the CCH may be in family/group. 50% must be individual. When transcript credit is applied to phases II and III, 50 % of the remaining CCH required for supervision may be no more than 50 % in family/group.
8. I understand, as LAMFT, that 50% of the CCH must be in family/group. No more than 50 % may be individual. When transcript credit is applied to phases II and III 50% of the remaining CCH required for supervision must be in family/ group.
9. Phase II and Phase III may be met by substituting post-master's graduate work in counseling, not to exceed 60 semester graduate hours. No substitution may be made for Phase I.
10. Technology-assisted supervision may not exceed 50% of any phase. The supervisor must hold the Technology-assisted Specialization License.
11. Phase III may substitute the national pass (NCMHCE) test score for 500 CCH.

1-10 complete Arkansas requirements. If planning to apply for National AAMFT Clinical membership, you must have 50% of 2000 CCH's with couples or families, and 500 CCH's in the ratio of 1 hour supervision for each 5 hours of client contact. Course work may not be substituted for CCH's as required by the American Association of Marriage and Family Therapists (AAMFT).

III. TO BE COMPLETED BY SUPERVISEE AND SUPERVISOR AREAS OF SUPERVISION AS SPECIFIED IN STATEMENT OF INTENT

<u>Requested by Supervisee</u>	<u>Approved by Supervisor</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

I understand that an evaluation and report must be submitted every six-calendar months after licensure.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

IV: TO BE COMPLETED BY BOARD/BOARD OFFICE

Board Approval: _____ Date: _____

Board Chair

This Supervision Agreement will expire: _____

Fax not accepted. Mail signature original to:

Arkansas Board of Examiners in Counseling P.O. Box 70 Magnolia, AR 71754-0070

Revised
January 25, 2007